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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	

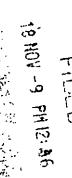
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COVER LETTER

	RE TECH LLC					
Name of Limited Liability Company						
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.				
Please return all corresponder	ondence concerning this matter	to the following:				
	IBRAHIM AYYAD					
	SIGNATURE TECH LLC	Name of Person				
	P O BOX 17899	Firm/Company				
	PENSACOLA, FL 32522	Address				
	adhamismylove@gmail.com		✓			
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notif all:	ication)			
IBRAHIM AYYAD		850 723-0425 at ()				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE TECH LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L16000142422	were filed on 07/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>₹</u>
		S n
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		্ত
Mulling duaress WAT BE A FOST OFFICE BOX	·	* *
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JAWAD AYYAD	8963 PENSACOLA BLVD PENSACOLA, FL 32534	□ Add
	· · · · · · · · · · · · · · · · · · ·	-	■ Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
		Add	
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			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	LA CONTR
(If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
(f the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/03 2018
	Signature of a member or authorized representative of a member
	IBRAHIM AYYAD I brah; m Ayy.) Typed or printed name of signet

Page 3 of 3

Filing Fee: \$25.00